CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 64160

DRAFT FINAL PRINTED LABELING



CLINDAMYCIN PHOSPHATE GEL USP, 1%

FOR EXTERNAL USE ONLY

AVOID CONTACT WITH EYES

DESCRIPTION

Ronly

Clindamycin Phosphate Get, for topical use, contains clindamycin phosphate, USP, at a concentra-tion equivalent to 10 mg clindamycin per gram.

Clindamycin phosphase is a water soluble ester of the semi-synthetic antibiotic produced by a 7(S)-chloro-substitution of the 7(R)-hydroxyl group of the parent antibiotic lincomycin.

The get contains allantoin, carborner 934P, methylparaben, polyethylene glycol 400, propylene glycol, sodium hydroxide and purfied water.

The structural formula is represented below:

Molecular Formula: C18H34CIN2O8PS

locular Weight: 504.97

The chemical name for clindamycin phosphate is 7(S)-chloro-7-deoxylincomycin-2-phosphate.

CLINICAL PHARMACOLOGY
Although clindamycin phosphate is inactive in vitro, rapid in vivo hydrolysis converts this compound to the antibacterially active clindamycin.

Cross resistance has been demonstrated between clindamycin and lincomycin.

Antagonism has been demonstrated between clindamycin and erythromycin.

Following multiple topical applications of clindamycin phosphate at a concentration equivalent to 10 mg clindamycin per mt. in an isopropyl alcohol and water solution, very low levels of clindamycin are present in the serum (0-3 ng/mt.) and less than 0.2% of the dose is recovered in urine as clindamycin.

Clindamycin activity has been demonstrated in comedones from acre patients. The mean con-centration of artibiotic activity in extracted comedones after application of Clindamycin Phosphate Topical Solution for 4 weeks was 597 mod/g of comedonal material (range 0 - 1490). Clindamycin in vitro inhibits all *Propionibacterium acnes* cultures tested (MICe 0.4 mod/ml). Free fatty acids on the skin surface have been decreased from approximately 14% to 2% following application of clindamycin.

INDICATIONS AND USAGE

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Clindarrycin Phosphate Gel is indicated in the treatment of acne vulgaris. In view of the potential for distribes, bloody distribes and pseudomembranous colitis, the physician should consider whether other agents are more appropriate. (See CONTRAINDICATIONS, WARNINGS and ADVERSE REACTIONS.)

CONTRAINDICATIONS
Clindamycin Phosphate Gel is contraindicated in individuals with a history of hypersensitivity to preparations containing clindamycin or Encomycin, a history of regional enterities or ulcerative coldisis, or a history of antibiotic-associated coldisis.

WARNINGS

WARRINGS
Orally and percelerally administered clindamycin has been associated with severe colliss
which may result in patient death. Use of the topical formulation of clindamycia results in
absorption of the antibiotic from the strin surface. Diarrhea, bloody diarrhea, and collits
(including passadomerabramous colliss) have been reported with the use of topical and systemic
clindamycia.

Studies indicate a toxin(a) produced by cleatridia is one primary cause of antibiotic-associated collits. The collitis is assaily characterized by severe persistent diarrhea and severe abdominal cramps and may be associated with the passage of blood and mucas. Endoscopic examination may reveal pseudomembraness collitis. Stool cetteres for Clostridium difficile and stool assay for C. difficile loxia may be helpful diagnosticatly.

When significant diarrhea occurs, the drug should be distintined. Large howel endoscopy should be considered to establish a definitive diagnosis iff cases of severe diarrhea. Antiperistatic agents such as opiates and diphenoxytate with stropine may prolong and/or worsen the condition. Vancomycin has been found to be effective in the treatment of antibiotic resocciated pseudomembranous colisis produced by Coloridum difficile. The sustail study dosage is 500 mg to 2 grams of vancomycin orally per day in three to four divided doses administered for 7 to 10 days. Cholestyramine or colestipol resins band vancomycin in vitro. If both a resin and vancomycin are to be administered concurrently, it may be advisable to separate the time of administration of each drug.

Diarrhoa, colitie, and pseudomembranous colitie have been observed to begin up to several weeks following cessation of onal and parenteral therapy with clindarnycia.

PRECAUTIONS.

General: Clindamycin phosphate should be prescribed with caution in allipic individuals.

Oray Interactions: Clindamycin has been shown to have neuromuscular blocking properties that may enhance the action of other neuromuscular blocking agents. Therefore it should be used with caution in patients receiving such agents.

Pregenery: Teratogenic Effects—Pregnancy Category 8. Reproduction studies have been per-formed in rats and mice using subcutaneous and oral doses of clindamycin ranging from 100 to 600 mg/tg/day and have revealed no evidence of impaired fertifity or harm to the letus due to clindamycin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

should be been during programmy only a courty resource. Merating Michiters: It is not known whether clindarnycin is excreted in human milk following use of clindarnycin phosphate. However, orally and parenterally administered clindarnycin has been reported to appear in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in podiatric patients under the age of 12 has not been established.

ADVERSE REACTIONS
In 18 cfinical studies of various formulations of Clindamycin Phosphate Topical solution using placebo vehicle and/or active comparator drugs as controls, patients experienced a number of treatment emergent adverse dermatologic events (see table below).

Number of patients reporting events

Treatment Emergent Adverse Event	Solution	6d	Lotion
	n=553 (%)	n=148 (%)	n=160 (%)
8urning Itching Surning/Itching Dryness Erythema Olliness/Oity Skin Peeling In not recorded of 126 subjects	62 (11) 36 (7) 60 (11) 105 (19) 86 (16) 6 (1)	15 (10) 15 (10) \$ (-) 34 (23) 10 (7) 26 (18) \$ (-)	17 (11) 17 (11) 4 (-) - 29 (18) 22 (14) 12* (10) 11 (7)

Orally and parenterally administered clindarnycin has been associated with severe colitis which

Cases of diarrhea, bloody diarrhea and colitis (including pseudomembranous colitis) have been reported as adverse reactions in patients treated with oral and parenteral formulations of clindamycin and rarely with topical clindamycin (see WARNINGS).

Abdominal pain and gastrointestinal disturbances as well as gram-negative follocultin have also been reported in association with the use of topical formulations of clindamycin. OVERDOSAGE

Topically applied clindamycin topical solution can be absorbed in sufficient amounts to product system effects (see WARMINGS).

DOSAGE AND ADMINISTRATION
Apply a thin film of Clindamycin Phosphate Gel twice daily to affected area. Keep container tightly closed.

HOW SUPPLIED

Clindamycin Phosphate Gel containing clindamycin phosphate equivalent to 10 mg clindamycin per gram is available in the following sizes:

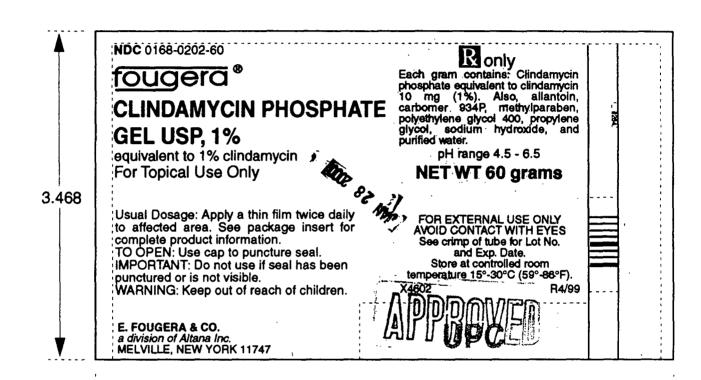
30 gram tube NDC 0168-0202-30

60 gram tube NDC 0168-0202-60

Store at controlled room temperature 15°-30°C (59°-86°F). Protect from freezing.

E. Fougera & Co. a division of Altana Inc. Metrille, NY 11747





Die Size 1 1/8 x 6 circ:3.468 Colors: Black PMS Yellow Pharma Code: #264

6.000

